

Name
in
Full

Mrs. Lillian Member Babcock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

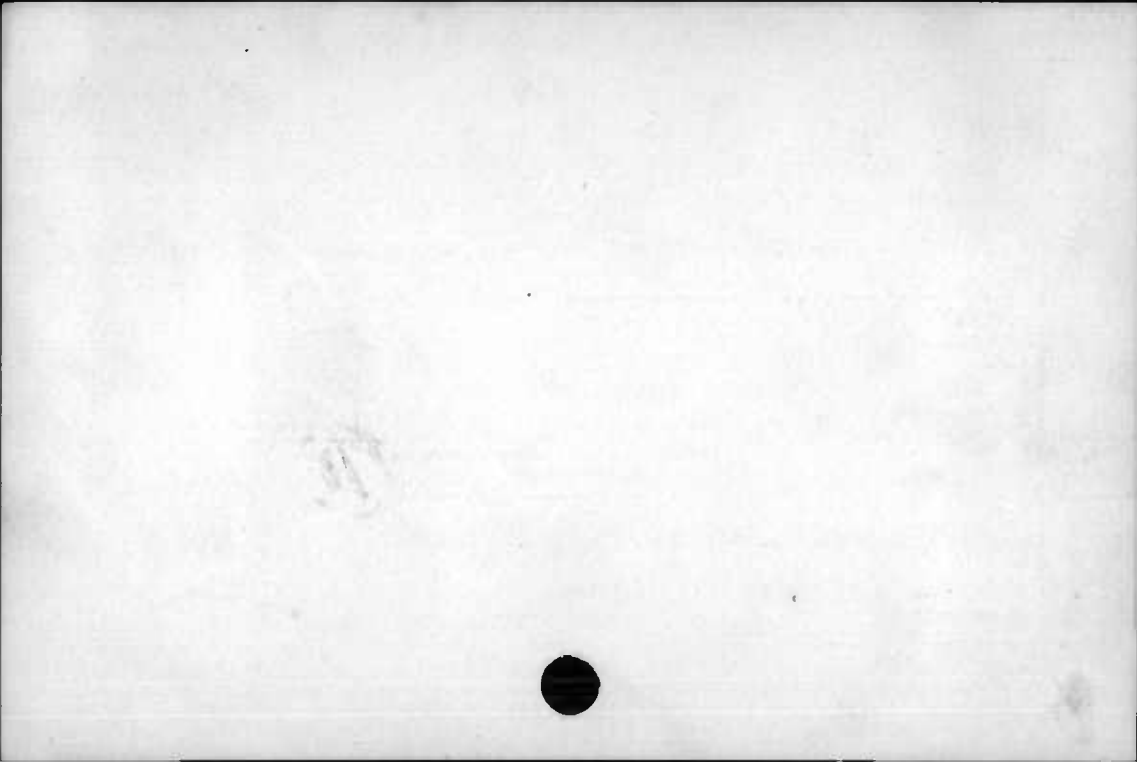
Died at		Town Sanitarium Takoma Park		County Montgomery		MARYLAND	
Date of death	190	Month Dec.	Day 8th	Age 46	Years	Months 7	Days 8
Sex	Female		Color or Race	White English		Birth- place	Hull England
Occupation	Clerk in Government			Where Residing if not at place of death 1617 Sumner St. Washington			
Married, Single or Widowed	Married		Name of Wife or Husband	Wallace Babcock			
Father's Name	Robert Member				Father's Birthplace	Hamburg Germany	
Mother's Maiden Name	Henretta Girling				Mother's Birthplace	" "	
Name of person giving In formation	Dr. Lauretta Kress				How related to deceased	Physician	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Chronic Bronchitis		How long	Ten years
Immediate	Valvular Mitral Regurgitation		How long	One year
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Dr. P. S. Bausdean - Sisco	
Sanitarium Takoma		Address	Park Md.	
Accident or Suicide?		Neither		



Name
in
Full

Mrs Elsie M. Lellan Birney

CERTIFICATE OF DEATH

MARYLAND

Died at Chevy Chase

Town

Mont Co

County

Date of death 1908 Dec

Month

Day

20

Age 49

Years

Months

2

Days

1

Sex Female

Color or
Race

White

Birth-
place

Ga

Occupation

Widow

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Theodore Weld Birney

Father's
Name

Wm. Mc. Lellan

Father's
Birthplace

N. C.

Mother's
Maiden Name

Unknown

Mother's
BirthplaceSanta Cruz
W. I.Name of person giving
In formationHow related
to deceased

CAUSES OF DEATH

45

Primary

Carcinoma (Abdominal)

How long

Some years

Immediate

Exhaustion

How long

Weeks

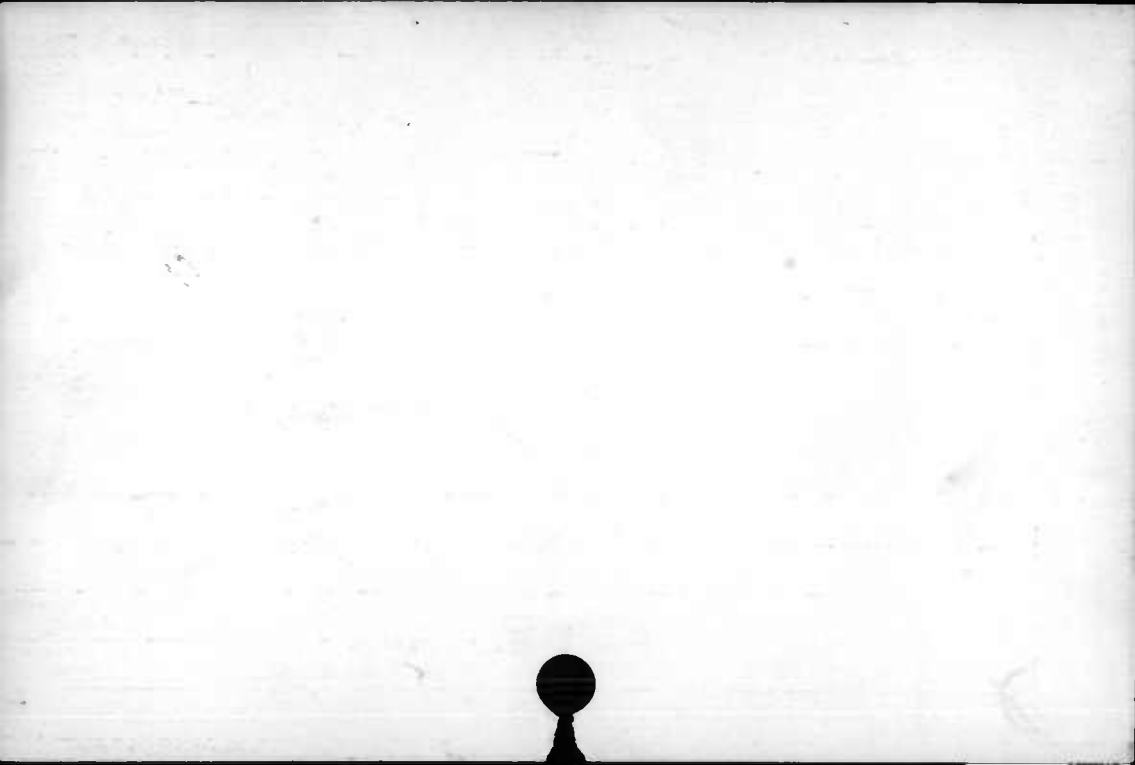
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

James D. Morgan
Chevy Chase Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Annie Bowie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

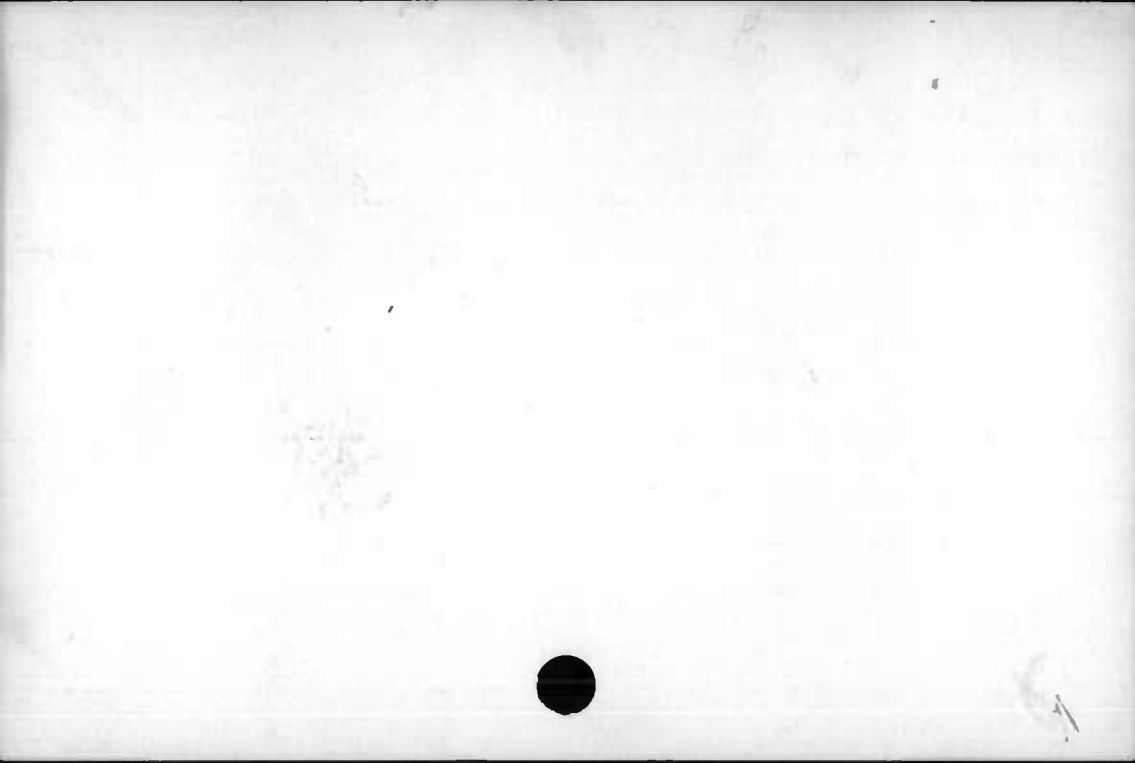
Died at <i>Martinsburg</i> Town		<i>Moody County</i> County		MARYLAND	
Date of death	<i>1907</i> Year	<i>December</i> Month	<i>22</i> Day	Age <i>96</i> Years	Months Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Martinsburg Md</i>		
Occupation <i>Widow</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Harry Bowie</i>				
Father's Name <i>Artus</i>	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <i>Lilghman Dorsey</i>	How related to deceased <i>son in law</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long
Immediate <i>Asthma</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robt. Hottel M.D.</i>
	Address <i>Radcliff Md</i>
Accident or Suicide?	



Name
in
Full

Mrs Kitty H. Cornell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

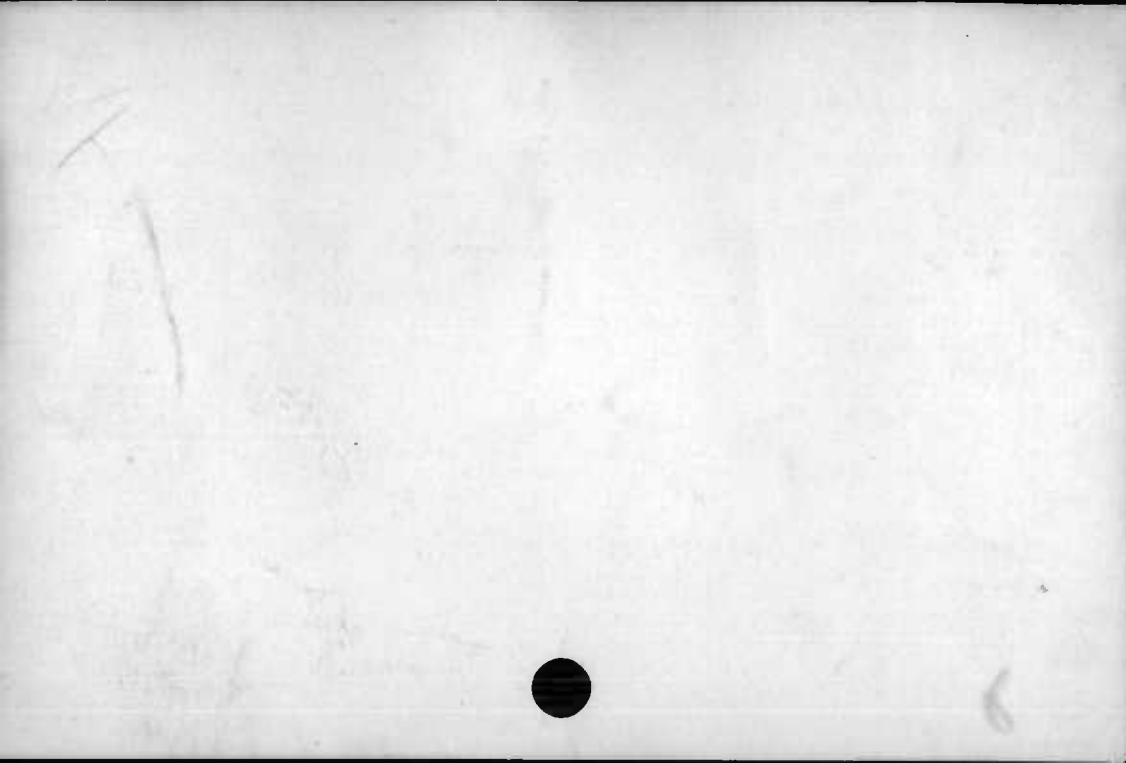
Died at Rockville ^{Town}		Montgomery ^{County}		MARYLAND	
Date of death 1907	Dec. ^{Month}	6 ^{Day}	79 ^{Year}	Months	Days
Sex Female	Color or Race White		Birth-place Near Rockville		
Occupation None		Where Residing if not at place of death			
Married, Single or Widowed Widowed	Name of Wife or Husband Geo. Cornell				
Father's Name Reginald Hobbs	Father's Birthplace Rockville		Mother's Birthplace Wu Rasm		
Mother's Maiden Name Mary Howard	Name of person giving information		How related to deceased		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Chronic Brights	How long 2
Immediate Older age lungs & Lungs	How long 4
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician George E. Lewis, M.D.
	Address Rockville, Md.
Accident or Suicide? —	



Name
in
Full

Raymond L Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

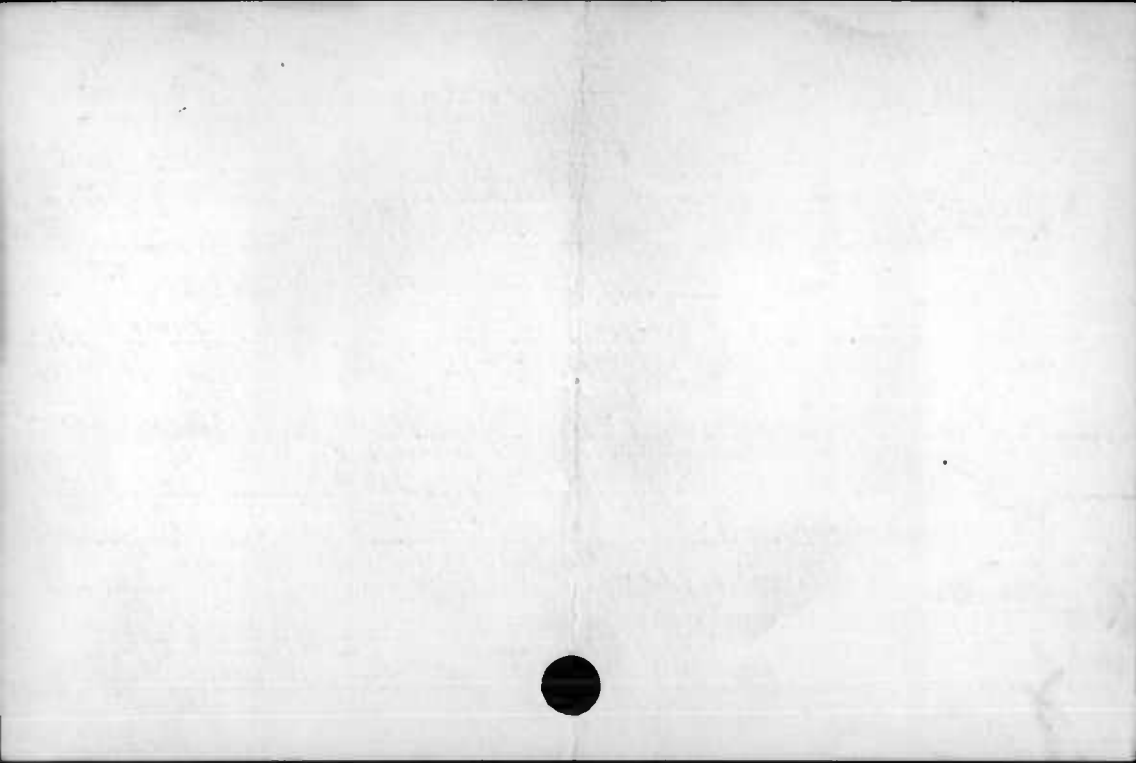
Died at		Town <i>Rockville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1907	Month <i>Dec</i>	Day <i>23</i>	Age <i>14</i>	Years	Months	Days
Sex <i>male</i>	Color or Race <i>White</i>			Birth- place			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>G. W. Davies</i>		Father's Birthplace <i>Frederick</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Frederick</i>					
Name of person giving Information <i>Father</i>		How related to deceased					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Acute Gastritis</i>	How long <i>24 hrs</i>
Immediate <i>Intestinal obstruction</i>	How long <i>8 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo E Lewis, M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

Josephine Diamond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

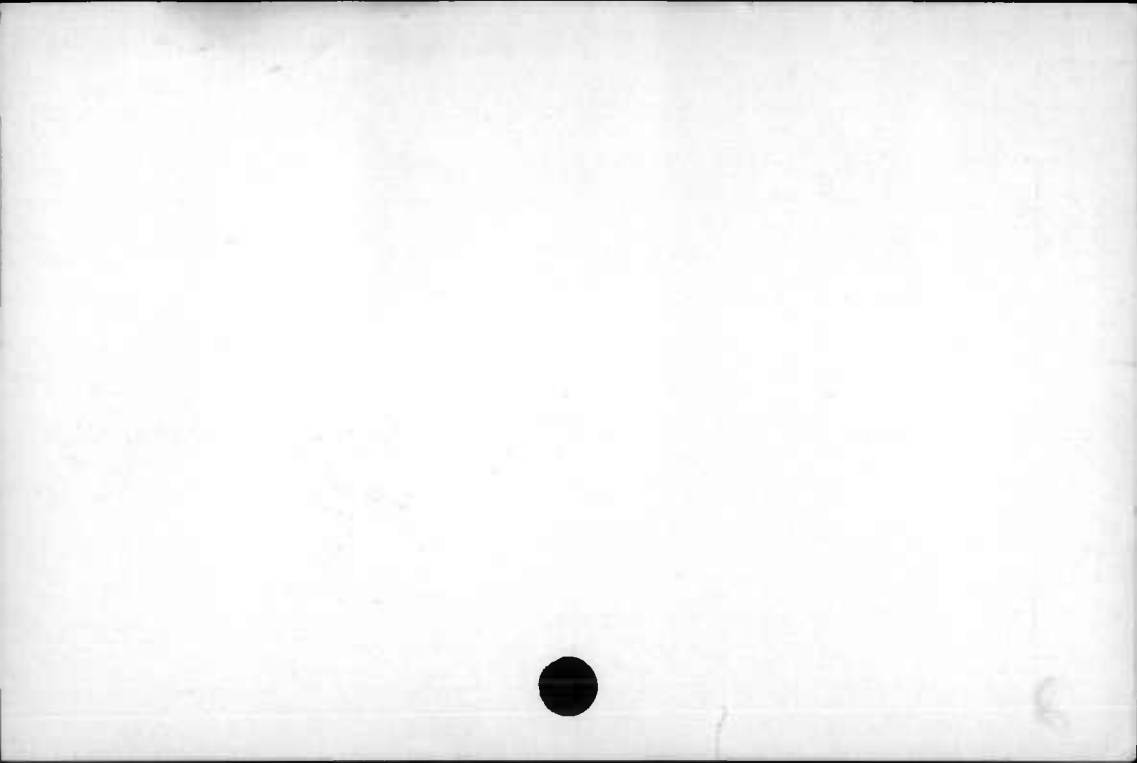
Died at <u>Gaithersburg</u> <small>Town</small>		<u>Montgomery</u> <small>County</small>		MARYLAND	
Date of death	1907	Month	dec	Day	9
Age	83	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	House-Wife		Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	William Diamond		
Father's Name	Oswald Jenkins	Father's Birthplace	Md		
Mother's Maiden Name	Martha Pierce	Mother's Birthplace	Md		
Name of person giving information	John B Diamond		How related to deceased	son	

CAUSES OF DEATH

168

PHYSICIAN
OR CORONER

Primary	Dementia	How long	6 years
Immediate	Exhaustion	How long	1 Week
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. C. Echison	
Address		Gaithersburg Md.	
Accident or Suicide?			



Name
in
Full

Chas. Hayward Duffin

CERTIFICATE OF DEATH

Died at ^{Town} Roadville^{County} Maryland

MARYLAND

Date
of death 1907

Month

Dec

Day

31

Age

Years

—

Months

1

Days

8

Sex

Male

Color or
Race

Colored

Birth-
place

Md

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Chas Duffin

Father's
Birthplace

Md

Mother's
Maiden Name

Annie Johnson

Mother's
Birthplace

Md

Name of person giving
Information

Chas Duffin

How related
to deceased

Father

CAUSES OF DEATH

1157

Primary

Malnutrition

How long

—

Immediate

Lung disease

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

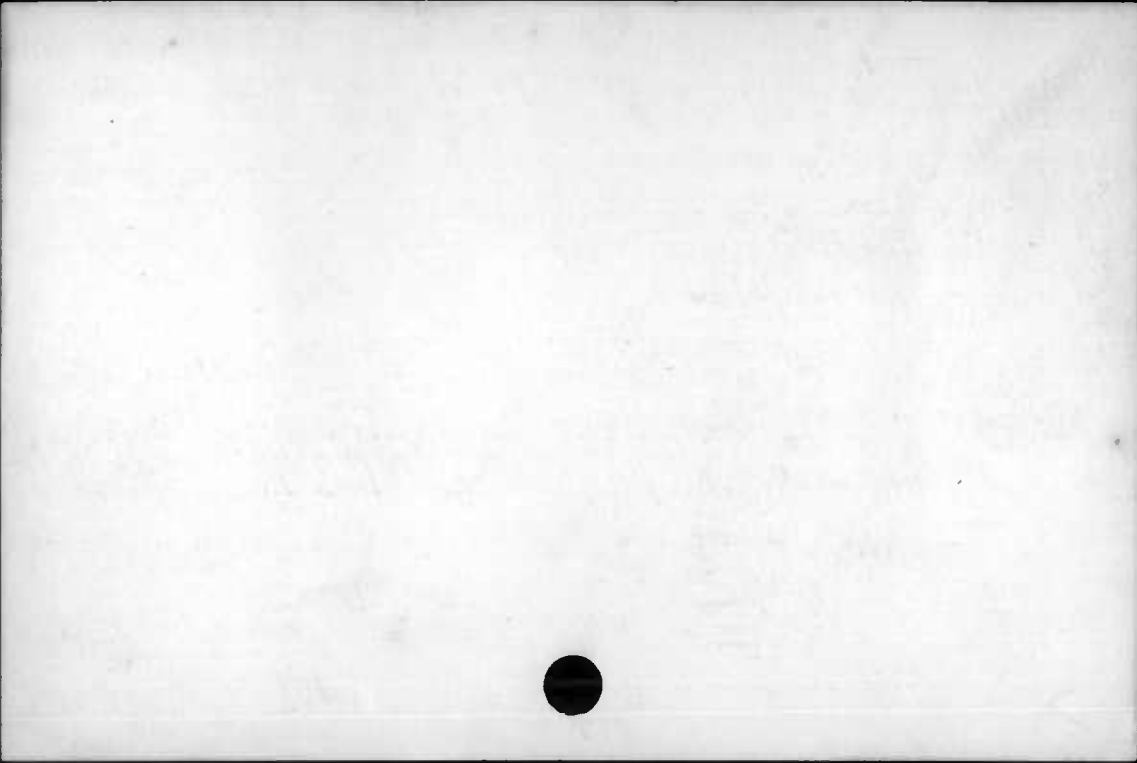
O. M. Linchman

Address

Roadville Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Louisa Everhark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

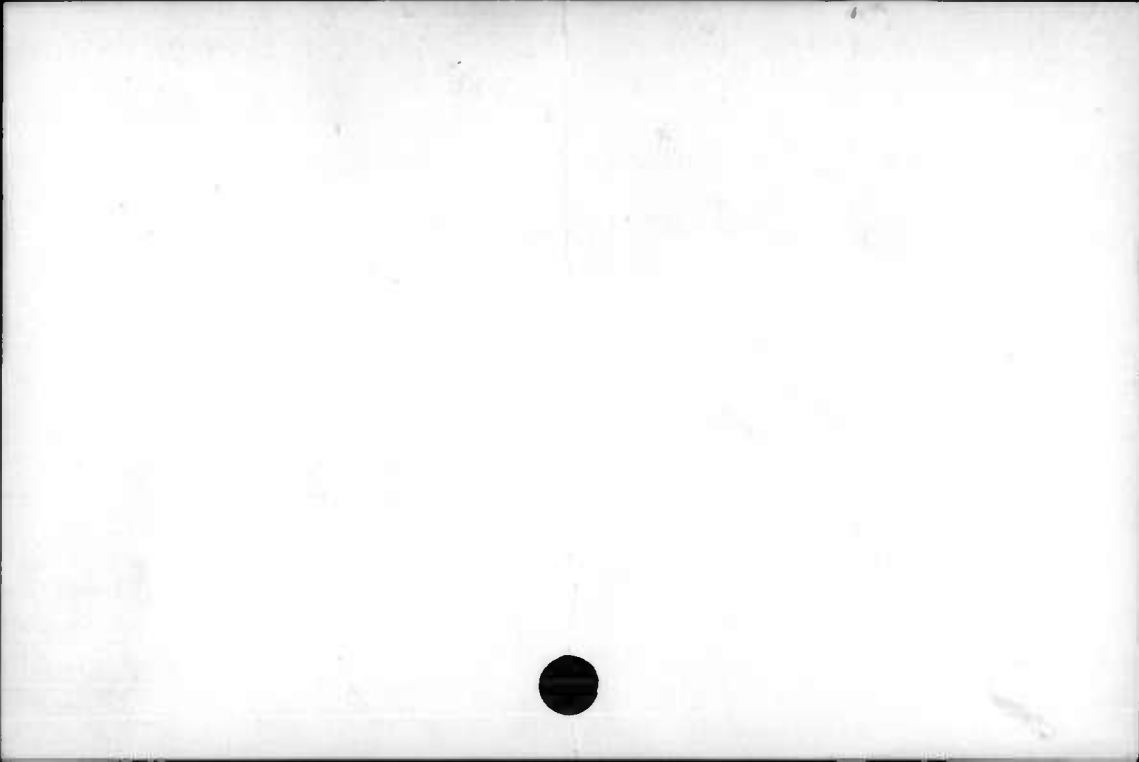
Died at <i>Burnt Mills</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1907	Month <i>Dec.</i>	Day <i>23</i>	Age <i>39</i>	Years <i>0</i> Months <i>3</i> Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Md.</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jack Everhark</i>				
Father's Name <i>Henry Kelley</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Mary Galloway</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Mary Kelley</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Lobar Pneumonia</i>	How long <i>7 days.</i>
Immediate <i>Asphyxia</i>	How long <i>1 "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. T. Brown</i>
<input checked="" type="radio"/> <i>Yes</i>	Address <i>Silver Spring Md.</i>
Accident or Suicide?	



Name
in
Full

Sarah Eliza Gardner

CERTIFICATE OF DEATH

Died at ^{Town} Burnt Mills		^{County} Montgomery		MARYLAND	
Date of death	1904 Dec	Month	5	Day	Age 83
Sex	Female	Color or Race	White	Birth-place	Md
Occupation	Housewife		Where Residing if not at place of death Same		
Married, Single or Widowed	Married	Name of Wife or Husband	John Gardner		
Father's Name	James	Father's Birthplace	Md		
Mother's Maiden Name	W. H. Harrison	Mother's Birthplace	Md		
Name of person giving information	John Harrison Jr		How related to deceased		Son in law

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

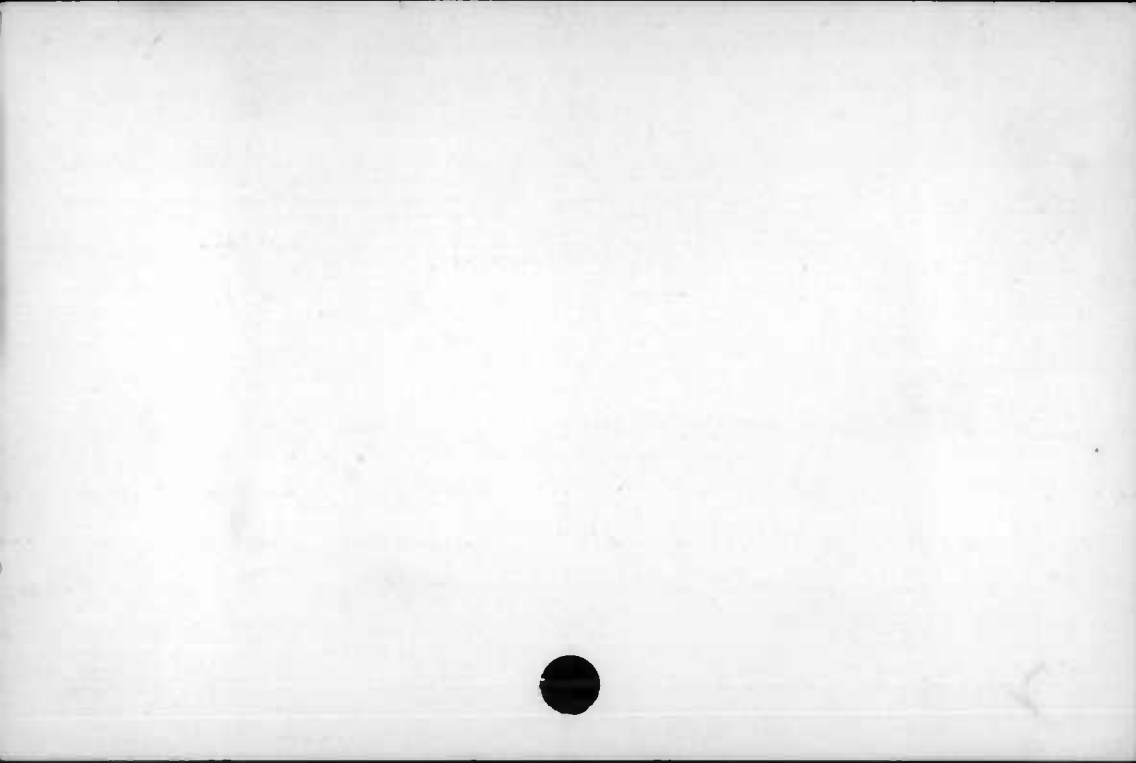
43

PHYSICIAN
OR CORONER

Primary	Cancer of the breast	How long	Two years
Immediate	Cancer of the breast	How long	Two years
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Eugene Jones
	No	Address	Kennington
Accident or Suicide?	No		



Name in Full		John Gray				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Rockville	County Montgomery		MARYLAND	
	Date of death		1907	Month Dec	Day 3	Age	Years 48
	Sex		Male		Color or Race	White -	
	Occupation		Farm hand		Birth-place	Montgomery Co.	
	Where Residing if not at place of death		Stalpine				
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Unknown		Father's Birthplace		Unknown
Mother's Maiden Name		Ann Gray		Mother's Birthplace		Mont. County	
Name of person giving information		W. R. Pumpkins		How related to deceased		None	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Alcoholic Coma			How long	
	Immediate		Exposure			How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
			Address				
Accident or Suicide?		Rockville, Md.					



Name
in
Full

Laura Virginia Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

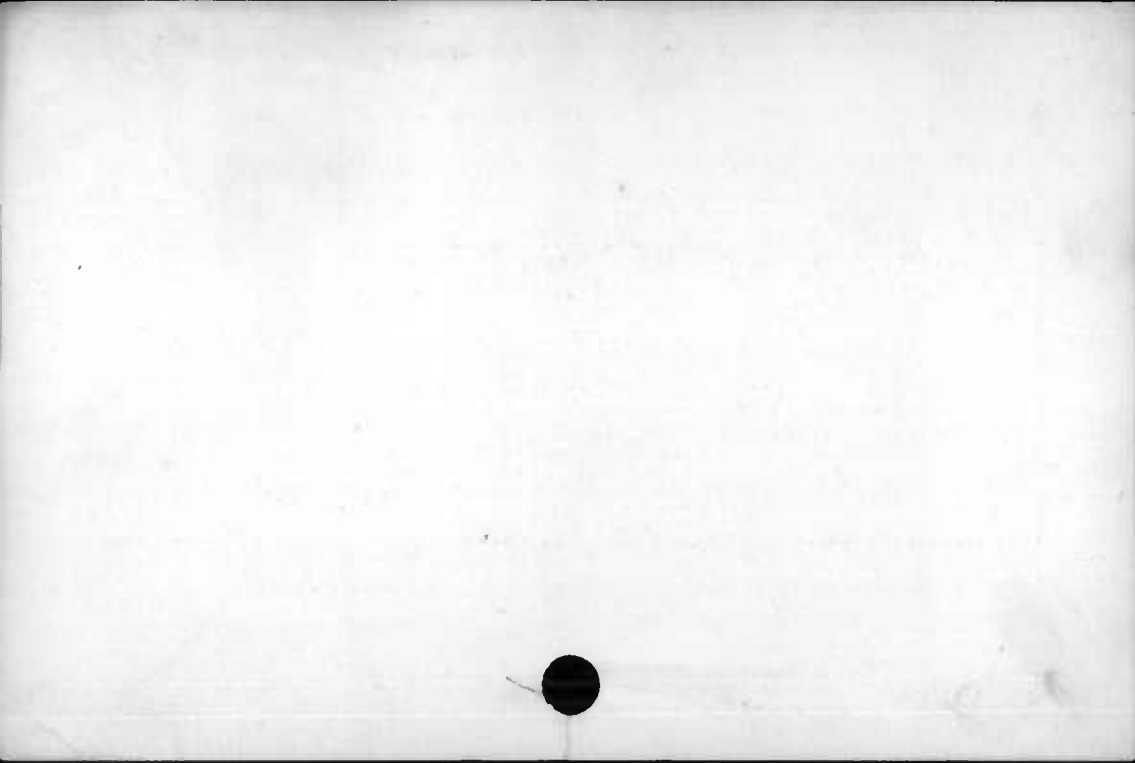
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
190		DEC 26	1907	34	34		
Sex	Female			Color or Race	White		
Occupation	Housewife			Birth-place	Montg. Md.		
Married, Single or Widowed				Where Residing if not at place of death			
Married				Richard Gray			
Father's Name				Father's Birthplace			
Levin Hansen				Va			
Mother's Maiden Name				Mother's Birthplace			
Elizabeth A. Davis				Va			
Name of person giving information				How related to deceased			
Elmer Slater				Brother-in-law			

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary	Pneumonia and Abortion	How long	14 days
Immediate	Postnatal Sepsis	How long	4 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. J. Pull	
Accident or Suicide?		Address	
X		Potomac Md.	



Name In Full

Certificate of Death

David Solomon Gregg

Town

County

Died at New Brighton Abington

MARYLAND

Date 1907 Jan 13 Age 8 Males

Male White Married Widowed Divorced

Female Colored Single Widower

Number of children living 3

Husband of

Wife

Father's

Name

Garrett Gregg

Mother's

Name

Edith Gregg

Cause of

Primary

Inflammation of Intestine

How long sick

8 days

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

H. G. Spurrin

Address

New Brighton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

Mothers Birth place
Montg Co. Md

of

Seen by Coroner

Fathers Birth place
Loudon Co Va.

of

Information contained in this certificate received

from

Edith Gugg

of

Brighton Md

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Andrew Jackson Harding

Died at ^{Town} Spencerville^{County} Montgo

MARYLAND

Date
of death 1907 Dec

Day 21

Age 77

Months

Days 5

Sex

male

Color or
Race

white

Birth-
place

Md.

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Margaret Myers

Father's
Name

John Harding

Father's
Birthplace

Md

Mother's
Maiden Name

Sarah Graham

Mother's
Birthplace

Md

Name of person giving
information

James Harding

How related
to deceased

Son

CAUSES OF DEATH

66

Primary

Paralysis

How long

one year

Immediate

Heart failure

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

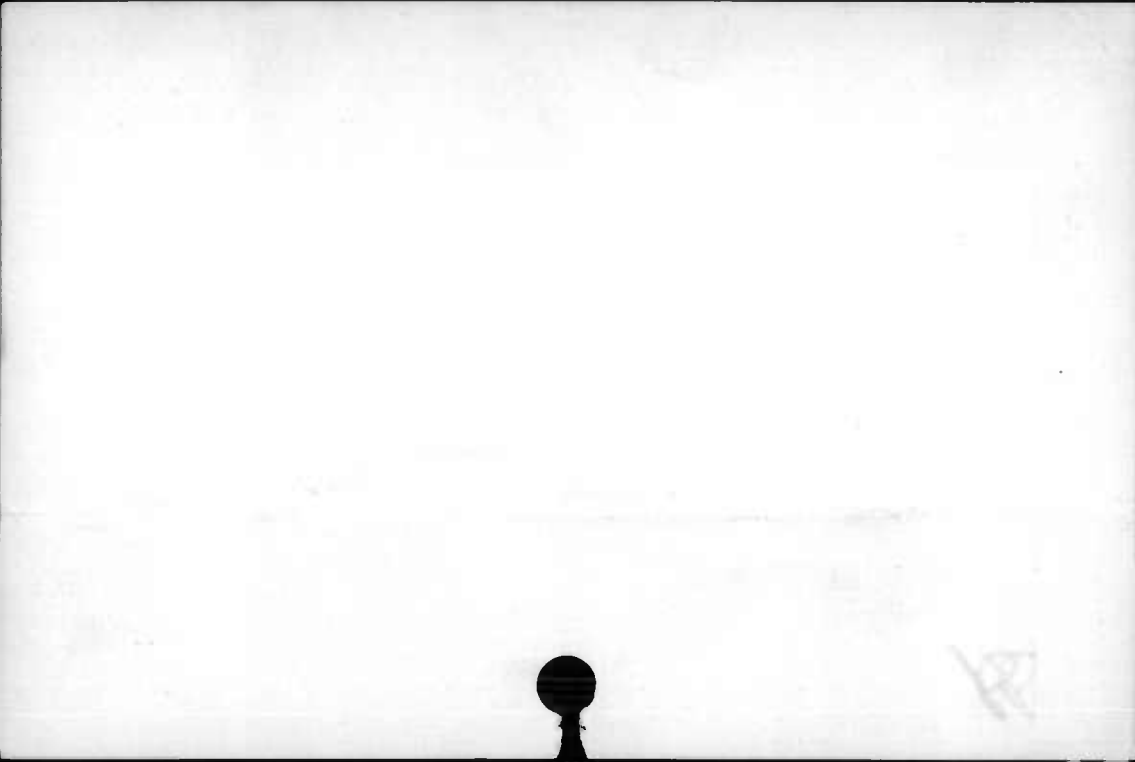
J. R. Batson

Address

Spencerville
Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Anna Rebecca Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

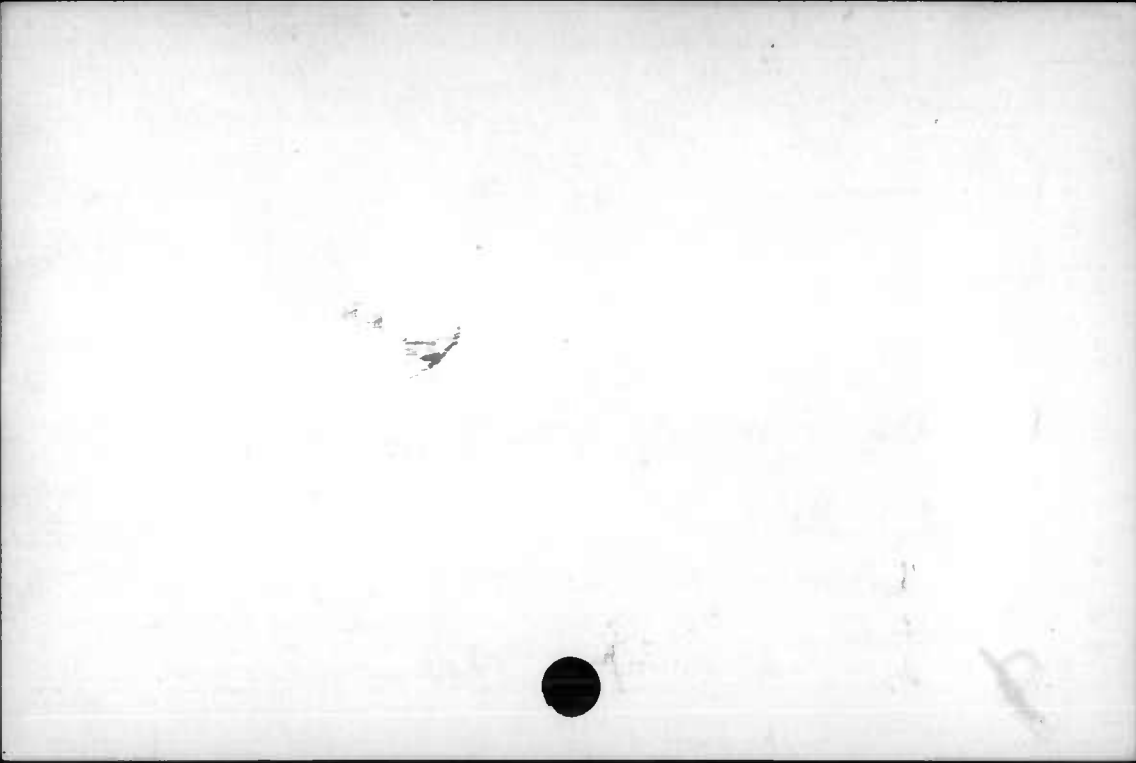
Died at <u>Prossville</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>Dec</u> ^{Month}	<u>22</u> ^{Day}	Age <u>1</u> ^{Years}	<u>0</u> ^{Months}	<u>10</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Negro</u>		Birth-place <u>Montgomery, Md.</u>		
Occupation <u>None</u>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Theodor Hawkins</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Dr. G. G. G. G.</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Levin H. H.</u>			How related to deceased <u>Nr</u>		

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <u>Whooping cough</u>	How long <u>2 weeks</u>
Immediate <u>Pneumonia</u>	How long <u>one week</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>B. W. Walling</u>
<input checked="" type="checkbox"/>	Address <u>Prossville, Md</u>
Accident or Suicide?	



Name
in
Full

Sarah Hilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

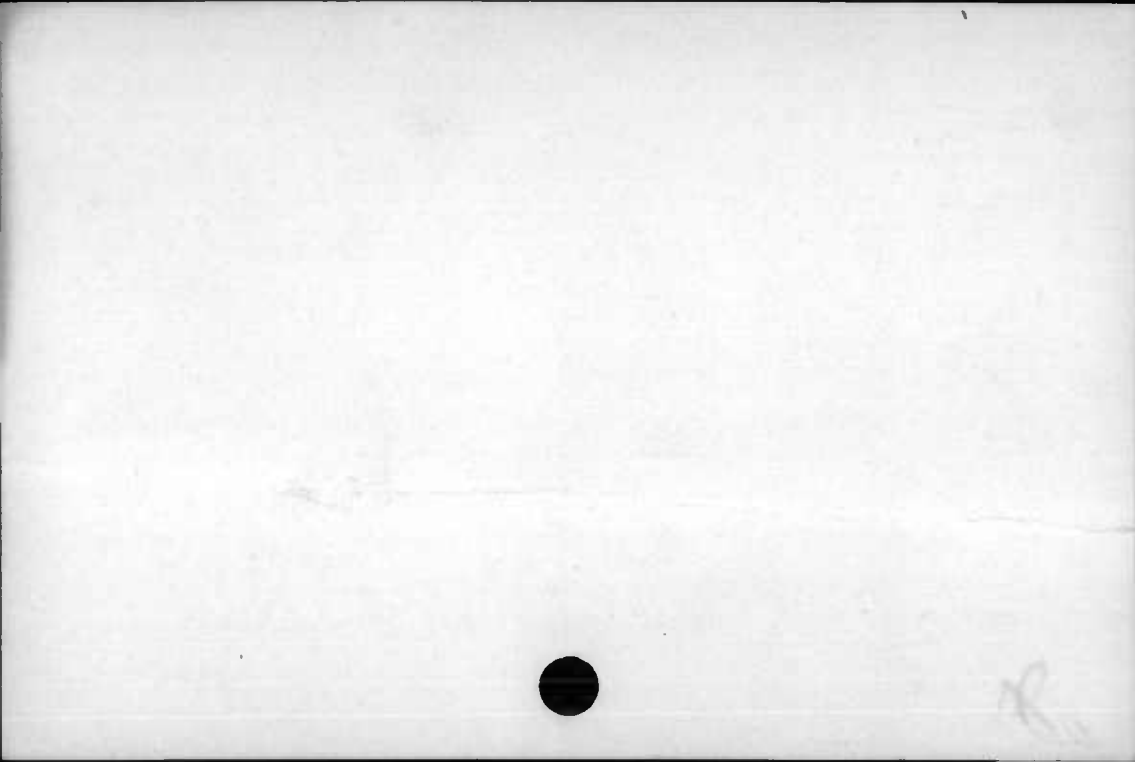
Died at <i>Barnesville</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>12</i> <small>Month</small>	<i>14</i> <small>Day</small>	Age <i>75</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Barnesville</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Barnesville</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Hilton</i>			Father's Birthplace <i>Barnesville</i>		
Mother's Maiden Name <i>Sarah Grimes</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>E. C. Hilton</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Myocardial disease of heart</i>	How long <i>One year</i>
Immediate <i>Heart failure</i>	How long <i>Half hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. Stonestick</i>
	Address <i>Barnesville</i>
Accident or Suicide? <i>8</i>	



Name
in
Full

CERTIFICATE OF DEATH

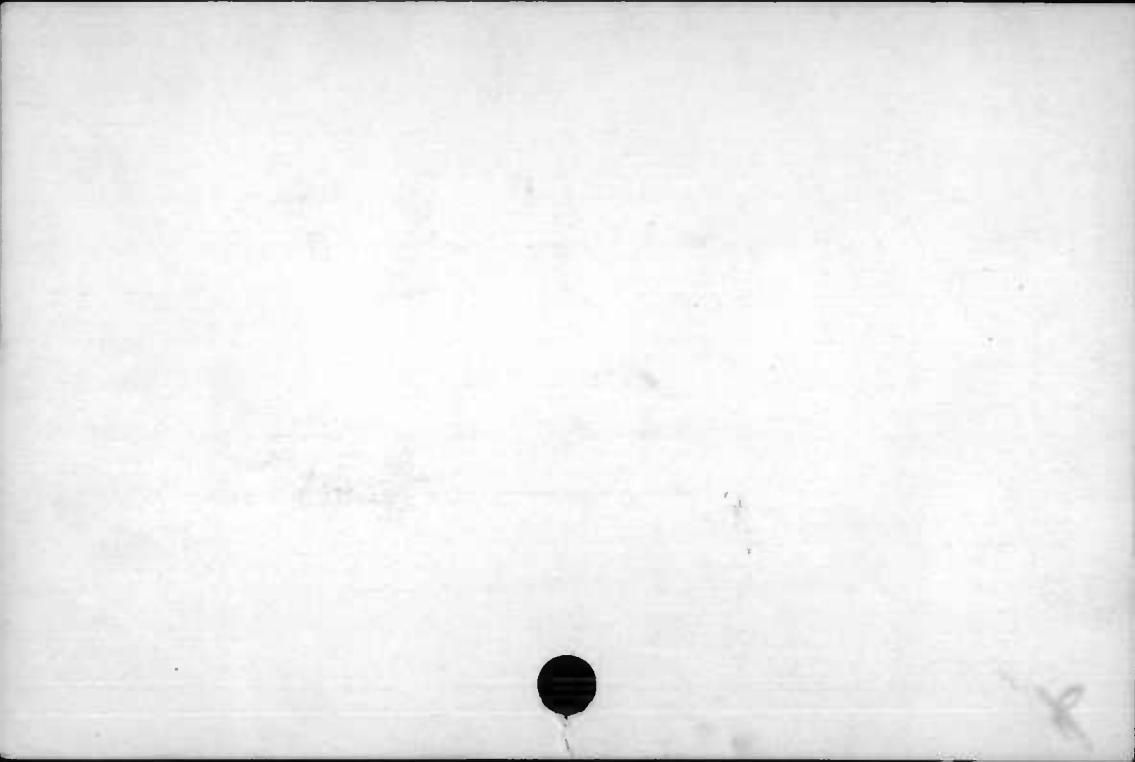
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Jacob Joseph Kemp</i>		Town <i>Unity</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Died at <i>Unity</i>		Month <i>Dec.</i>		Day <i>13th</i>		Years <i>6-8</i>	
Date of death <i>1907</i>		Months <i>9</i>		Days <i>17</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Lay Hill</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Unity</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie A. Baker</i>					
Father's Name <i>Jacob Joseph Kemp</i>		Father's Birthplace <i>Frederick</i>					
Mother's Maiden Name <i>Ann Rebecca Rabbitt</i>		Mother's Birthplace <i>Aspen</i>					
Name of person giving information <i>Annie Kemp</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Abdominal injury</i>	How long <i>24 hours</i>
Immediate <i>Internal hemorrhage</i>	How long <i>24 hours -</i>
Are the name, age, sex, color, date and place correctly given above? <i>YES</i>	Signature of Physician <i>H. G. Spurner</i>
<i>Kicked or trampled by a horse</i>	Address <i>Unity, Md.</i>
Accident or Suicide? <i>by a horse</i>	



Name
in
Full

Matilda King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

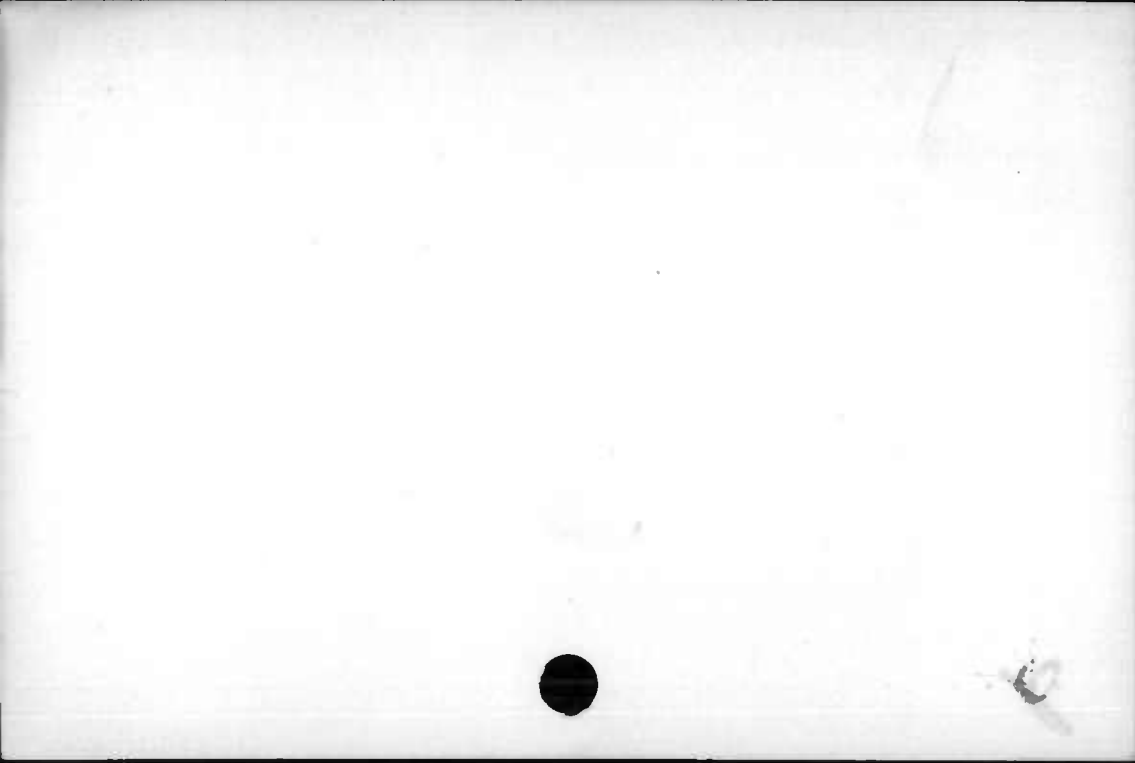
Died at <i>near Laytonville</i>		Town <i>Laytonville</i>		County <i>Montgomery</i>		MARYLAND							
Date of death <i>1907</i>		Month <i>Dec</i>		Day <i>6</i>		Age <i>3</i>		Years <i>8</i>		Months <i>29</i>		Days	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Montgomery Co</i>									
Occupation <i>—</i>						Where Residing if not at place of death <i>—</i>							
Married, Single or Widowed <i>—</i>						Name of Wife or Husband <i>—</i>							
Father's Name <i>William H H King</i>						Father's Birthplace <i>Montgomery Co</i>							
Mother's Maiden Name <i>Bertie Copelin</i>						Mother's Birthplace <i>Montgomery</i>							
Name of person giving information <i>Wm H H King</i>						How related to deceased <i>Father</i>							

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>acute Lobar Pneumonia</i>		How long <i>3 days</i>	
Immediate <i>Heart Failure</i>		How long <i>few hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W H Poyson</i>	
		Address <i>Laytonville Md</i>	
Accident or Suicide?			



Name
in
Full

Nicholas Long

CERTIFICATE OF DEATH

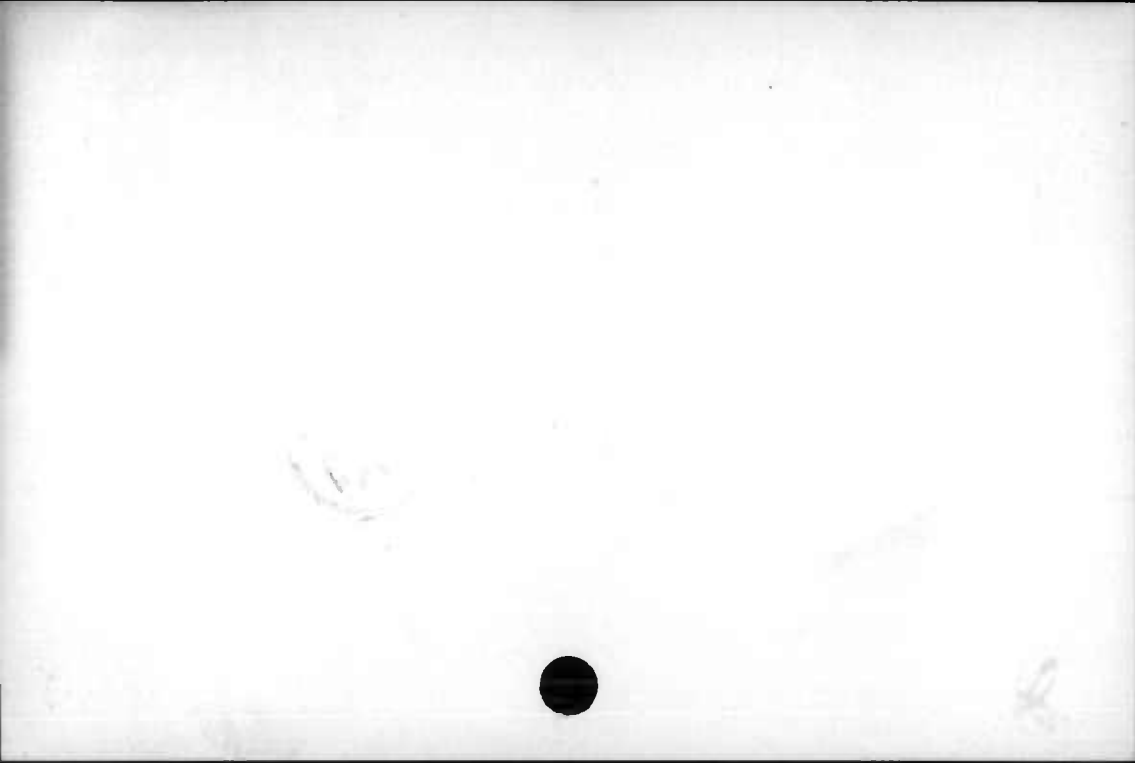
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Laytonville</i>		Town		County		MONTGOMERY	
Date of death <i>1907</i>		Month <i>Dec</i>		Day <i>24</i>		Years <i>85</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Montgomery Co</i>		Months <i>-</i>	
Occupation <i>not able to work</i>		Where Residing if not at place of death				Days <i>-</i>	
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Mary Powell</i>					
Father's Name <i>Not Known</i>		Father's Birthplace <i>Not Known</i>					
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>William T Long</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General debility from old age</i>		How long <i>10</i>	
Immediate <i>General Prostration from Grip</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. H. Dyson</i>	
		Address <i>Laytonville</i>	
		<i>Montgomery Co</i>	
Accident or Suicide?			



Name
in
Full

Sarah Eliza Mannakee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

Dec

5

Age

84

7

0

Sex

Female

Color or
Race

White

Birth-
place

Md.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Reuben Mannakee

Father's
Name

Evan Jones

Father's
Birthplace

Md.

Mother's
Maiden Name

Sarah Thresh

Mother's
BirthplaceName of person giving
information

Evan Mannakee

How related
to deceased

Son

CAUSES OF DEATH

145

Primary

Carcinoma

How long

4 yrs.

Immediate

Syncope

How long

one week

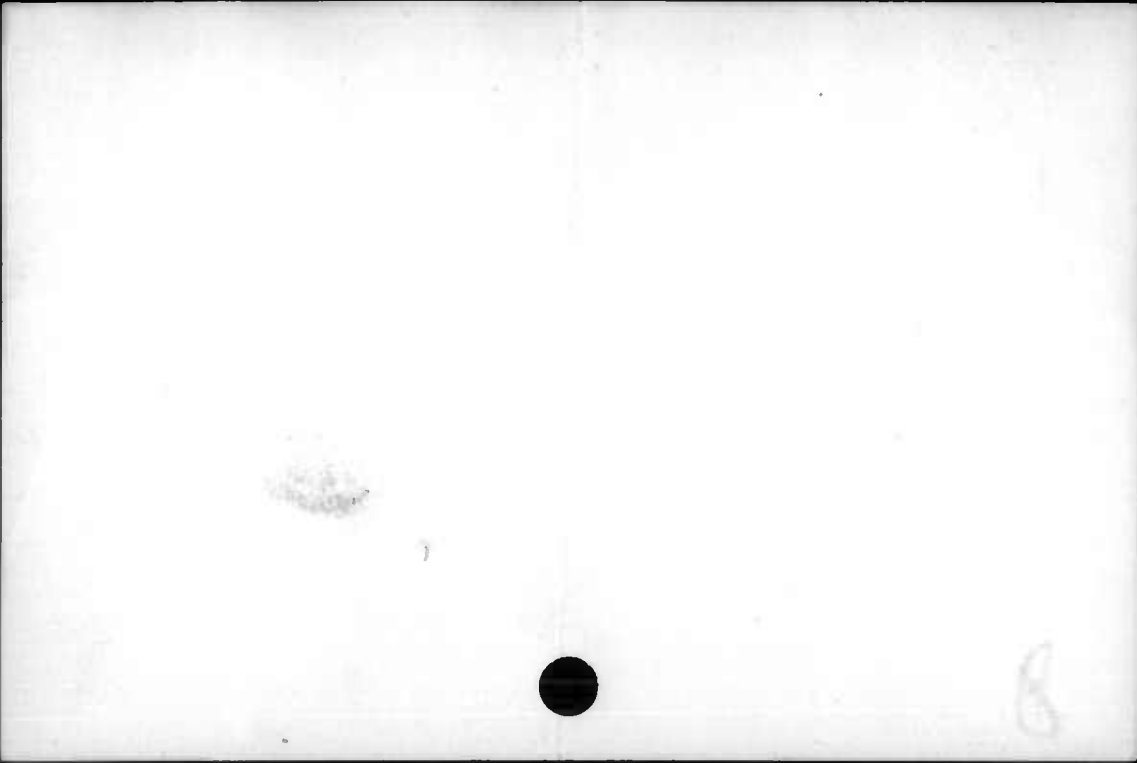
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

H. J. Brown

Address

Silver Spring
Md.

Accident or Suicide?



Name
in
Full

James E. Mason.

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

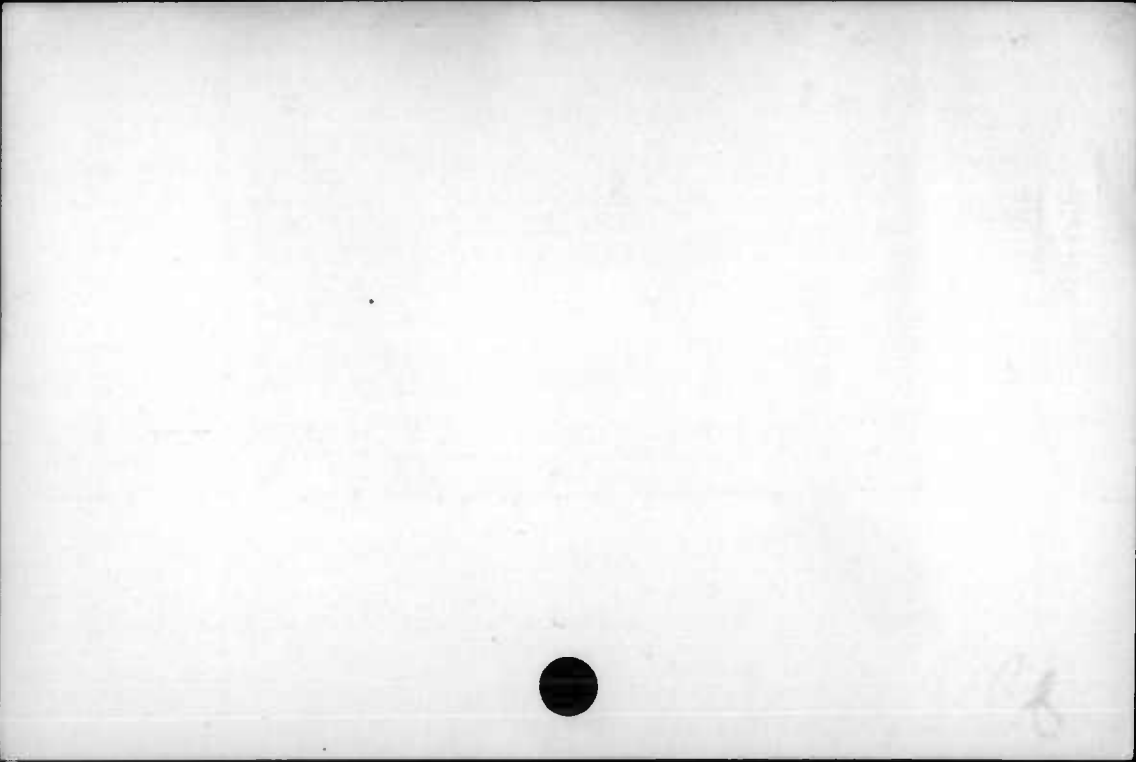
Died at <u>Hanoverville</u> Town		<u>Montgomery</u> County		MARYLAND	
Date of death	190 <u>8</u>	Month	<u>12</u>	Day	<u>24</u>
Age	<u>1</u>	Years	<u>6</u>	Months	<u>—</u>
Sex	<u>Male</u>	Color or Race	<u>Negro</u>	Birth-place	<u>K. J.</u>
Occupation	<u>—</u>	Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed	<u>—</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>Floyd Mason</u>			Father's Birthplace	<u>Montgomery Co. Md</u>
Mother's Maiden Name	<u>Mary Somerville</u>			Mother's Birthplace	<u>K. J.</u>
Name of person giving information	<u>Physician</u>			How related to deceased	<u>—</u>

CAUSES OF DEATH

(92)

PHYSICIAN
OR CORONER

Primary	<u>Broncho pneumonia</u>	How long	<u>2 weeks</u>
Immediate	<u>Asphyxia</u>	How long	<u>few minutes</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>U. D. Nurse M.D.</u>
		Address	<u>Hanoverville Md</u>
			
Accident or Suicide? <u>—</u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

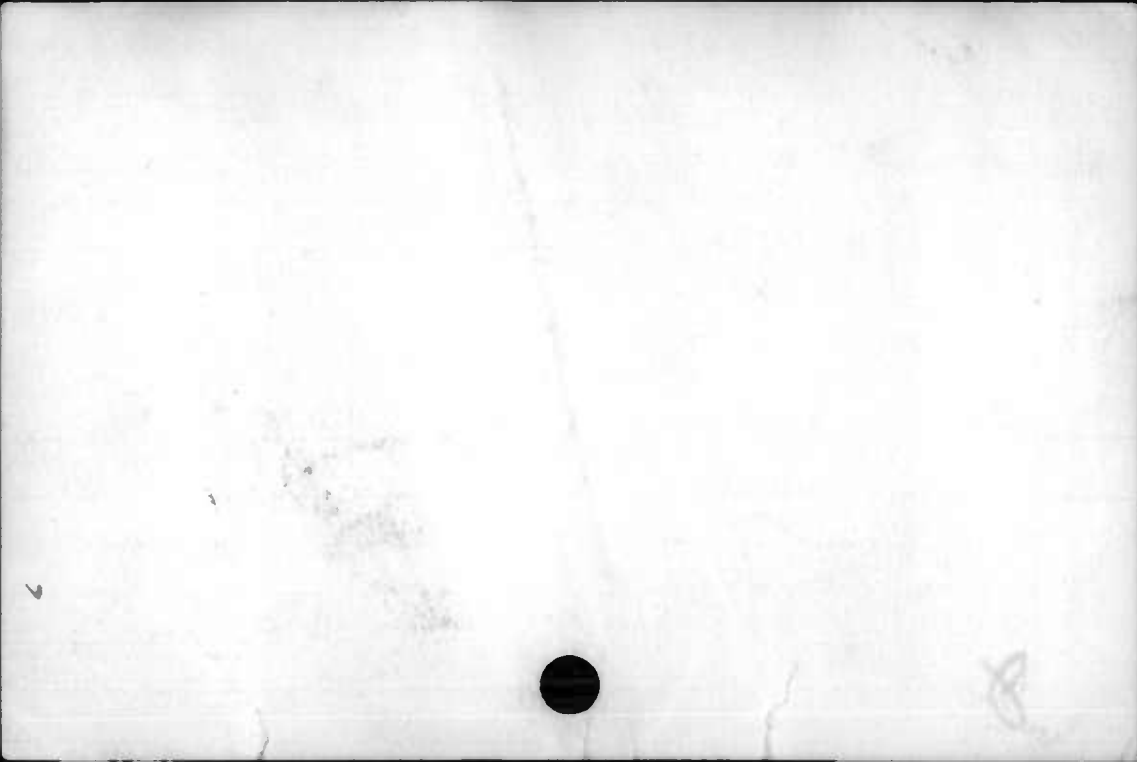
Name in Full <i>John E. Dyley</i>		Town <i>Martinsburg</i>		County <i>Mont. Co</i>		MARYLAND	
Died at		Month <i>Dec</i>		Day <i>10</i>		Years <i>61</i>	
Date of death		<i>1907</i>		Age <i>61</i>		Months <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Whites Ferry</i>		Days <i>3</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Thoburn</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Emilie Mison</i>		Mother's Birthplace <i>Va</i>					
Name of person giving information <i>Bro</i>		How related to deceased					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>4 months</i>
Immediate <i>of exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. W. Walling MD</i>
<i>8</i>	Address <i>Poolsville MD</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

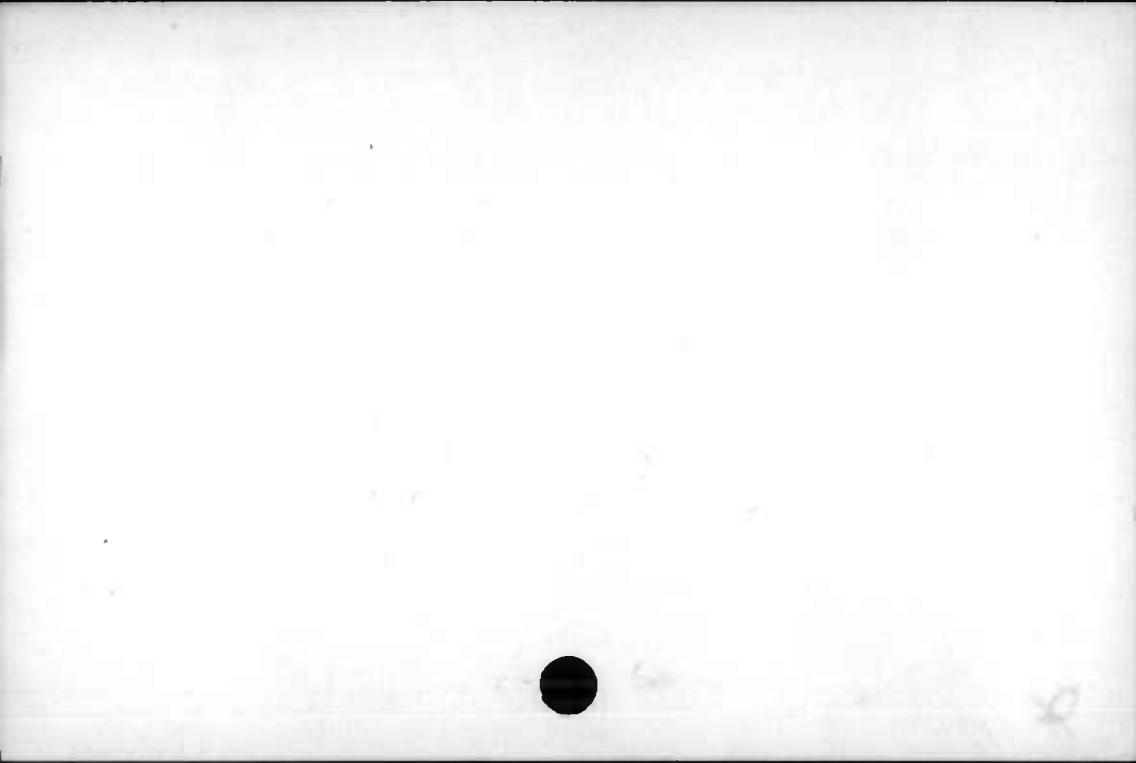
Died at <i>Polesville</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	1907	Month	December	Day	29
Age	Years		Months		14
Sex	<i>male</i>		Color or Race	<i>Negro</i>	
Occupation	—		Birth-place	<i>Polesville Md</i>	
Where Residing if not at place of death			—		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>James Albert Proctor</i>		
Mother's Maiden Name			<i>Leah Lyles</i>		
Name of person giving information			<i>Livian Hall</i>		
Father's Birthplace			<i>Polesville</i>		
Mother's Birthplace			<i>Polesville</i>		
How related to deceased			<i>none</i>		

CAUSES OF DEATH

190

PHYSICIAN
OR CORONER

Primary	<i>Capillary Bronchitis</i>	How long	—
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Dr. Walling & White</i>	
		Address	
		<i>Polesville</i>	
Accident or Suicide?		<i>med</i>	



Alberta Roggenkamp

Town

County

Died at

Takoma Park

Montgomery

MARYLAND

Date 1907

Month Day
Dec- 28Y. M. D.
Age 2-11-18Native of
N. Y.

Occupation

Male
FemaleWhite
ColoredMarried
SingleWidow
WidowerDivorced
Number of children livingHusband
of
WifeFather's
Name

Gustav Roggenkamp

Mother's
Name

(10) X

Cause of

Primary

La Grippe

How long sick

one week

Death

Immediate

Convulsions

Accident, Suicide, Homicide

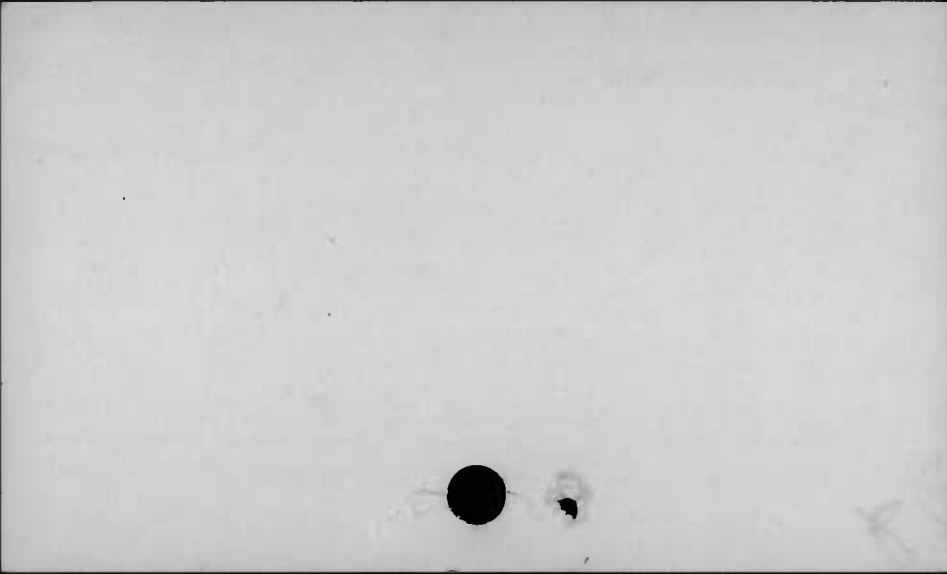
Reported by

Dr. P. S. Bourdeau Sisco

Address

1-2 Iowa Circle - Washington D.C.
(L.M. Movers - Register Takoma Park)

Must be signed by physician, if any in attendance, or by coroner, and state in list.



Name
in
Full

CERTIFICATE OF DEATH

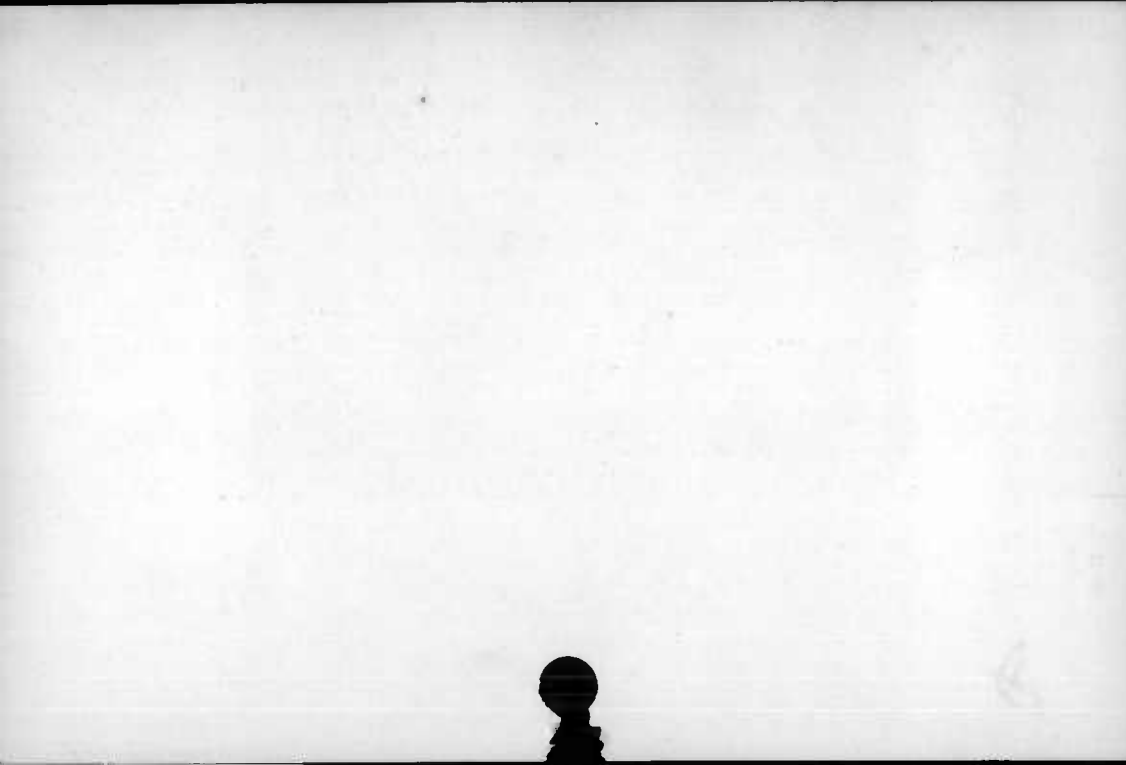
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockville</i>		Town <i>Rockville</i>		County <i>Montgomery</i>		MARYLAND					
Date of death <i>1907</i>		Month <i>12</i>		Day <i>27</i>		Years <i>20</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>							
Occupation <i>Gen. Clerk</i>				Where Residing if not at place of death							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband									
Father's Name <i>W. Magruder Ricketts</i>		Father's Birthplace <i>Maryland</i>									
Mother's Maiden Name <i>Katherine Harching</i>		Mother's Birthplace <i>Maryland</i>									
Name of person giving information <i>Benben Pumphrey</i>		How related to deceased <i>Not at all</i>									

CAUSES OF DEATH

166PHYSICIAN
OR CORONER

Primary <i>Struck by train</i>		How long <i>Death instant</i>	
Immediate <i>Accidental</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Edward Anderson M.D.</i>	
<i>B.H.</i>		Address <i>Rockville, Md.</i>	
Accident or Suicide?			



Name
in
Full

Elijah Barnett Bryegman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

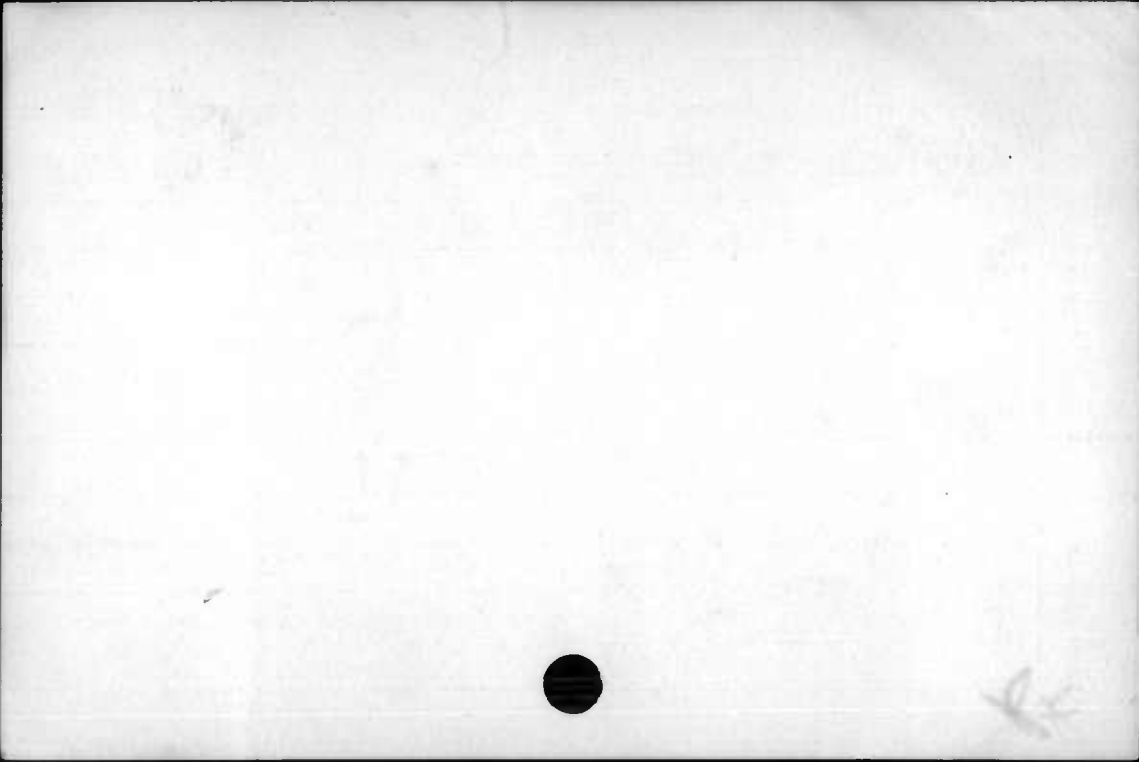
Died at <i>Roadville</i> ^{Town}		<i>Merced</i> ^{County}		MARYLAND	
Date of death	1907	Month	Dec.	Day	9
Age		77	Years	9	Months
Sex		Male	Color or Race	Caucasian	Birth-place
Occupation		Educator		Where Residing if not at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband			
Father's Name		Wm. Bryegman		Father's Birthplace	
Mother's Maiden Name		Elija Barwalt		Mother's Birthplace	
Name of person giving information		Mrs. Dorotea		How related to deceased	
				Sister-in-Law	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	4 1/2 months
Immediate	Uremic Poisoning	How long	4 1/2 months
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		O. M. Dickinson	
Address		Roadville	
Accident or Suicide?		No	



Name
In
Full

Bulma B. Sanders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

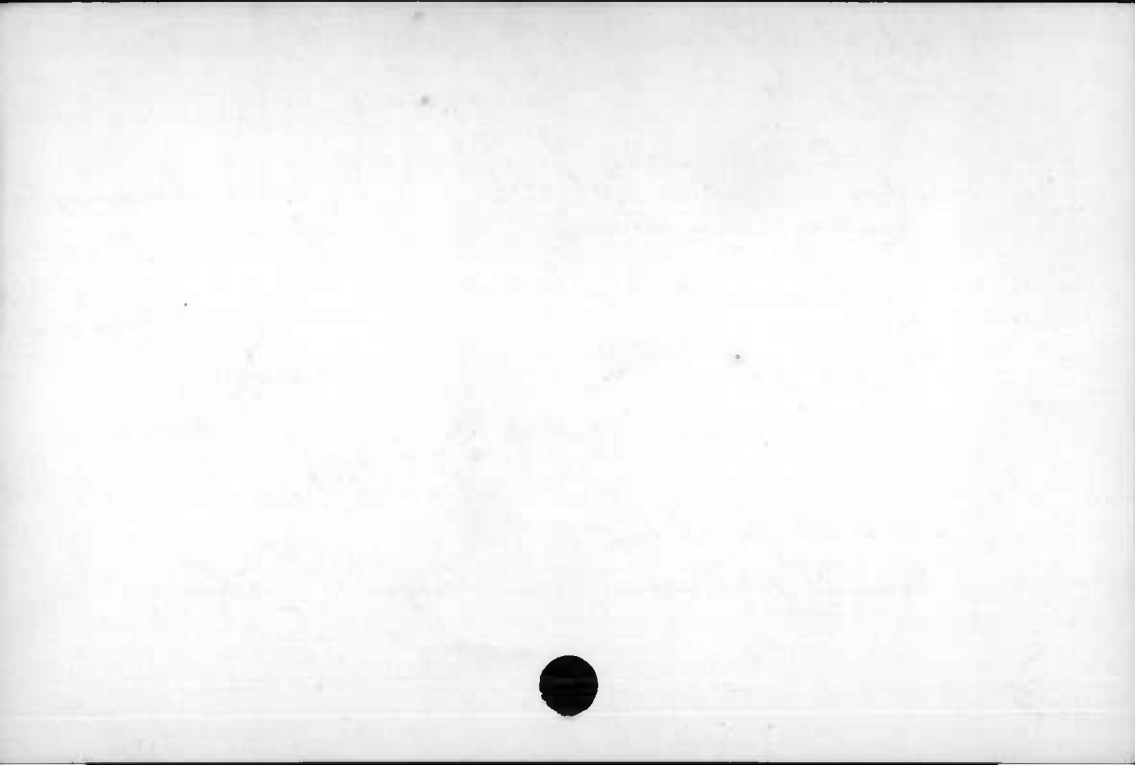
Died at <i>Silver Spring</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	1908	Month	Dec	Day	1
Age	4	Years		Months	3
Sex	Female	Color or Race	white	Birth-place	
Occupation	none	Where Residing if not at place of death <i>same</i>			
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving information					How related to deceased

CAUSES OF DEATH

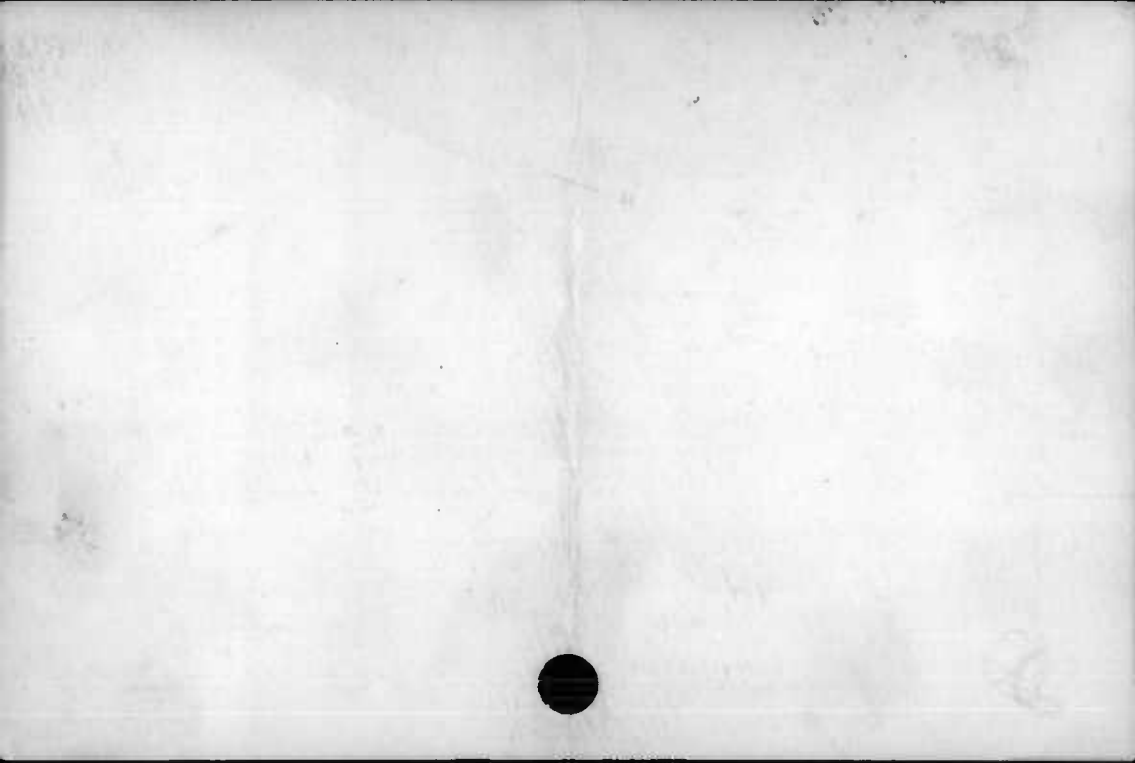
167

PHYSICIAN
OR CORONER

Primary	<i>severe scalds</i>	How long	
Immediate	<i>shock due to same</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>X</i>	Signature of Physician	<i>L. B. Thompson</i>
	<i>Copy with family</i>	Address	<i>Silver Spring</i>
Accident or Suicide?	<i>Yes</i>		



Name in Full		Mrs. Sarah Stallsmithe				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Date of death		Month		Day	
		Sex		Color or Race		Birth-place	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name		Father's Birthplace			
		Mother's Maiden Name		Mother's Birthplace			
		Name of person giving information		How related to deceased			
		CAUSES OF DEATH		(10)			
PHYSICIAN OR CORONER		Primary		How long			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		Address					
Accident or Suicide?							



Name
In
Full

Helena R Stonestreet

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

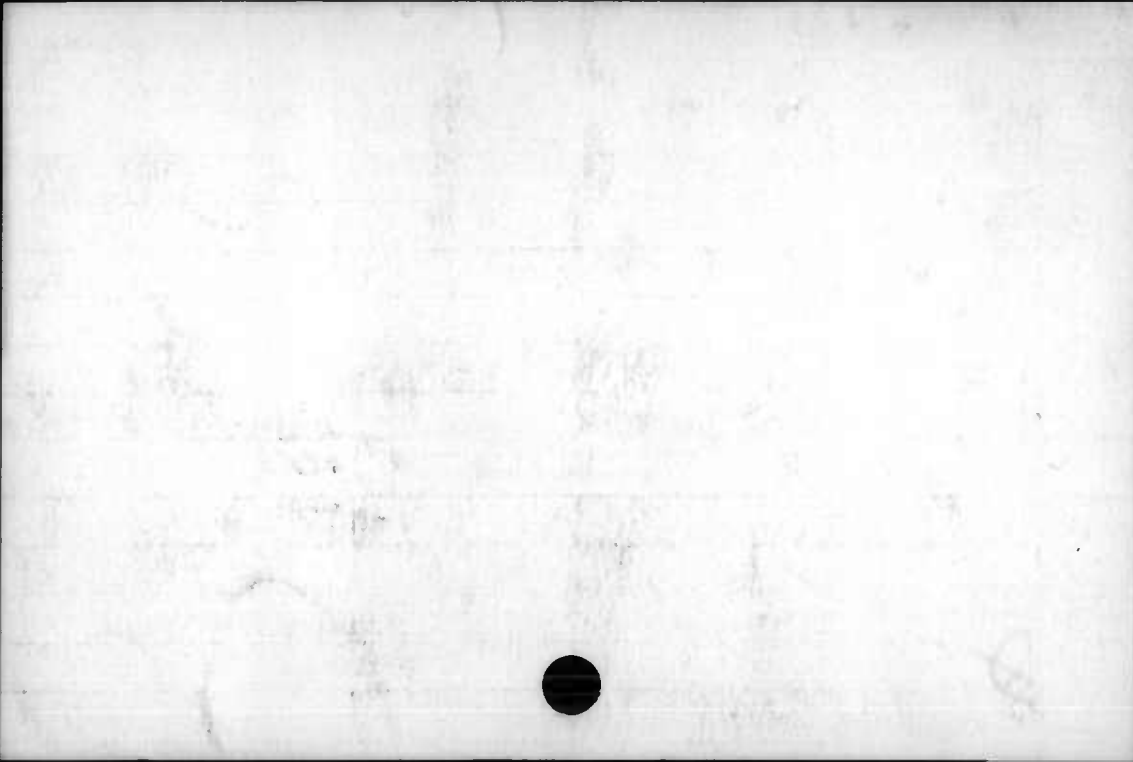
Died at <u>Harford</u> Town		<u>Montgomery</u> County		MARYLAND	
Date of death	1907	Month	12	Day	20
Age	50	Years		Months	
Sex	Female	Color or Race	white	Birth-place	Md
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Thos. W. Stonestreet			Father's Birthplace	Md
Mother's Maiden Name	Anna Frederick			Mother's Birthplace	Md
Name of person giving information	Mrs. Anna Stonestreet			How related to deceased	Mother

CAUSES OF DEATH

(69)

PHYSICIAN
OR CORONER

Primary	<u>Hysteria Epilepsy</u>	How long	<u>all life</u>
Immediate	<u>Exhaustion following attack</u>	How long	<u>6 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>A. M. Whitman</u>
		Address	<u>Roadville Md</u>
Accident or Suicide?	<u>no</u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Say Hill</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death 190 <u>7</u> ^{Month}	<u>Dec</u> ^{Day}	<u>30</u> ^{Year}	Age <u>89</u> ^{Years}	<u>8</u> ^{Months}	<u>5</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation <u>Labr</u>	Where Residing if not at place of death <u>Home</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Odessa Sullivan</u>				
Father's Name <u>Demetrius Sullivan</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Campbell</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Edith Sullivan</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

(120)

PHYSICIAN
OR CORONER

Primary <u>Chronic Heart Disease</u>	How long <u>2 months</u>
Immediate <u>Fastidious</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above <u>Yes</u>	Signature of Physician <u>Dr. J. M. Jones</u>
Address <u>Rockington</u>	
Accident or Suicide? <u>No</u>	

Funeral @ Chaut 10.30 P.M.

John. V. R. S.

Name
in
Full

Carroll Warren

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

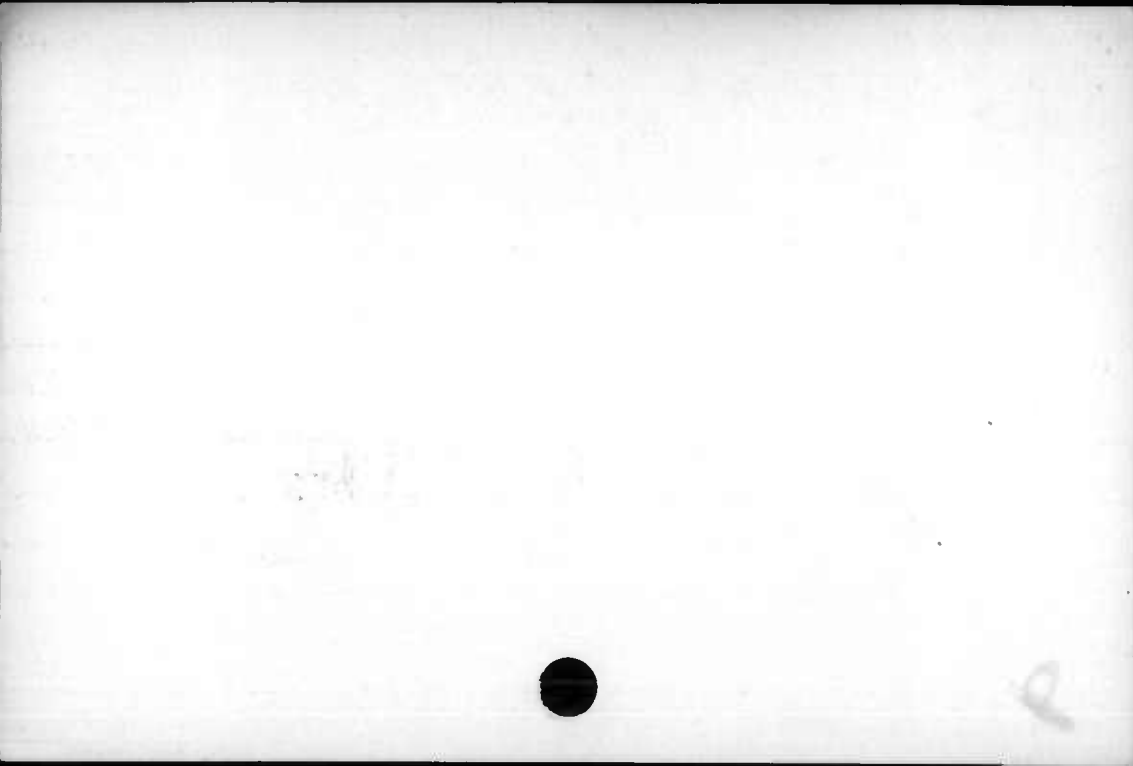
Died at <i>Martinsburg</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>December</i>	Day <i>8</i>	Age	Years <i>8</i>	Months <i>8</i>
Sex <i>Boy</i>	Color or Race <i>Black</i>		Birth-place <i>Martinsburg Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Nathan Warren</i>			Father's Birthplace <i>Martinsburg</i>		
Mother's Maiden Name <i>Myra Brodke</i>			Mother's Birthplace <i>Martinsburg</i>		
Name of person giving information <i>Lewis Brodke</i>			How related to deceased <i>grand father</i>		

CAUSES OF DEATH

(18)

PHYSICIAN
OR CORONER

Primary <i>Whooping-Cough</i>	How long <i>3 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. V. Gott sub reg</i>
	Address <i>Podlesville Md</i>
Accident or Suicide?	



Name
in
Full

Susan Isabella Warren

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

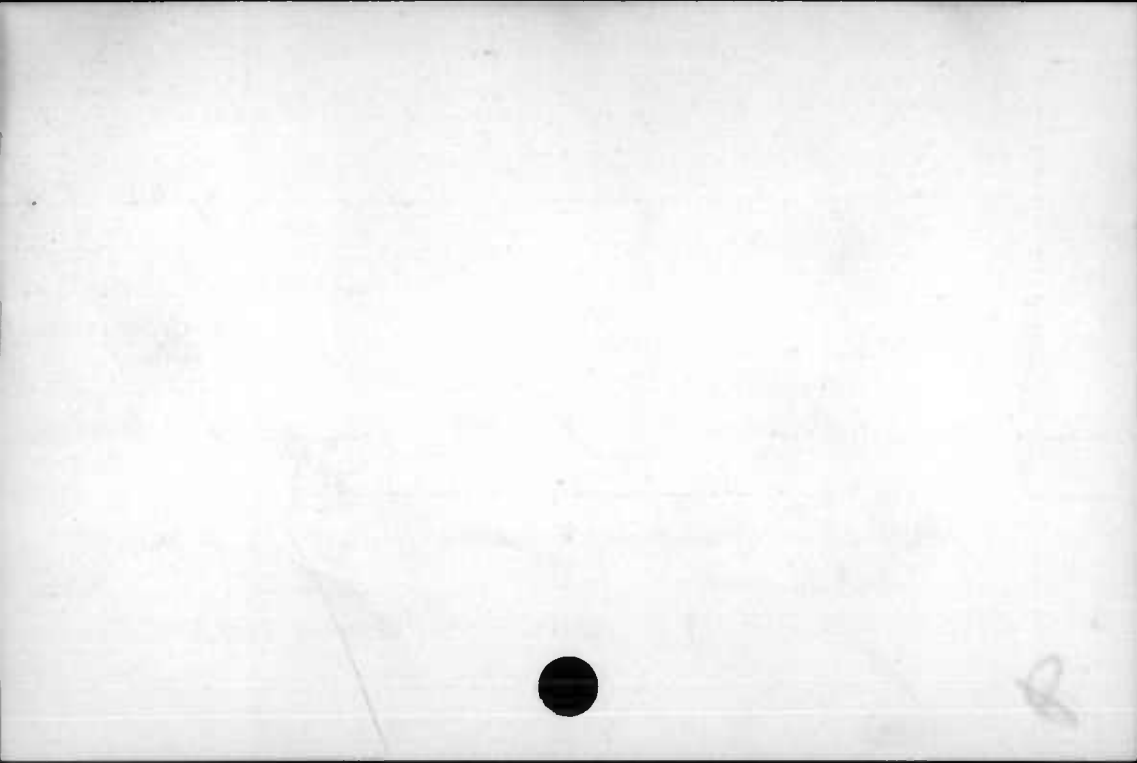
Died at ^{Town} <i>Oakdale</i>		^{County} <i>Montgomery</i>		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>Dec.</i>		^{Day} <i>10</i>	^{Years} <i>86</i>	^{Months} <i>—</i>	^{Days} <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Montg. Co. Md.</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Joseph Augustus Warren</i>				
Father's Name <i>Augustus Sampson</i>	Father's Birthplace <i>Montg. Co. Md.</i>				
Mother's Maiden Name <i>Susan Isabella Sampson</i>	Mother's Birthplace <i>Montg. Co. Md.</i>				
Name of person giving information <i>Amelia L. Bowie</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

(179)

PHYSICIAN
OR CORONER

Primary <i>Asthma & Heart disease</i>	How long <i>26 years</i>
Immediate <i>Asthenia</i>	How long <i>About eight days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. Farguhar</i>
	Address <i>Alley. Md.</i>
Accident or Suicide? <i>8</i>	



Name
in
Full

William Alexander Waters.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *near Germantown* Town *Montgomery* County *MARYLAND*

Date of death *1907* Month *Dec.* Day *19* Age *83* Years Months Days

Sex *male* Color or Race *White* Birth-place *Montg. Co Md*

Occupation *Physician* Where Residing if not at place of death

Married, Single ~~or Widowed~~ Name of Wife or Husband *Maria L Nelson*

Father's Name *Ignatius Waters* Father's Birthplace *Montg Co Md*

Mother's Maiden Name *Dorsey* Mother's Birthplace

Name of person giving information *J. Henderson* How related to deceased *no relation*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONERPrimary *General debility due to age*

How long

Immediate *Heart failure*

How long

Are the name, age, sex, color, date and place correctly given above?

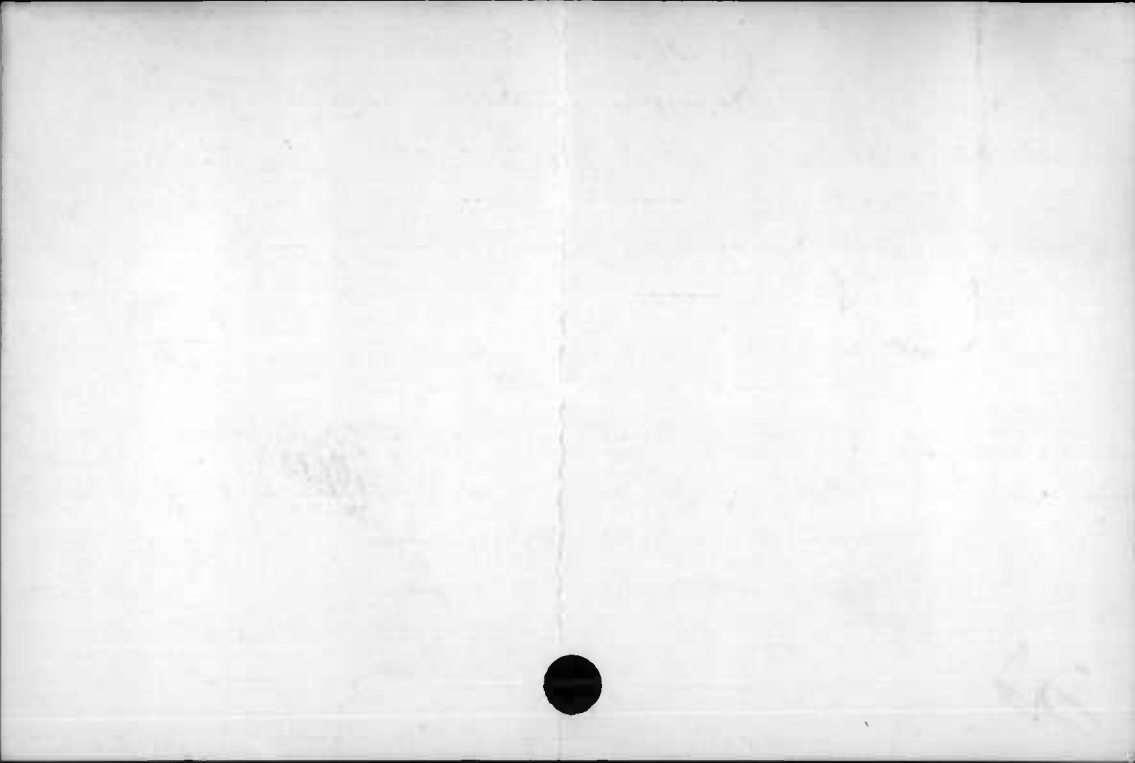
yes

Signature of Physician

Address

J. P. Reese
Calverton Md

Accident or Suicide?



Name
in
Full

Nicholas Alexander Whelan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Germantown		County Montgomery		MARYLAND	
Date of death		Month Dec	Day 23	Age 56		Months 7	Days 5
Sex Male		Color or Race White		Birth-place Germantown			
Occupation Plasterer				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Nicholas Whelan				Father's Birthplace Md			
Mother's Maiden Name Rachel Moulden				Mother's Birthplace Md			
Name of person giving information L W Hughes				How related to deceased Stepson at Law			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Electrolicium	Found dead	How long	10 min
Immediate	Coronary Haemorrhage		How long	10 min
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		J. Robin Davis		
Address		Germantown Md		
Accident or Suicide?		—		

